

M I C H I G A N

Carl Levin
UNITED STATES SENATOR

United States Senate Page Application Confirmation of Application and Parental Consent

I affirm that all of the information contained in this application and all attachments are true and accurate to the best of my knowledge.

Signed: _____ Date: _____
(Applicant)

Print: _____

My child, _____, has my consent to apply to be a United States Senate Page through the office of Senator Carl Levin.

Signed: _____ Date: _____
(Parent/Guardian)

Print: _____